Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Canadian Institutes of Health Research

2015–16

Report on Plans and Priorities

The Honourable Rona Ambrose, P.C., M.P.
Minister of Health

Canada

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened health care system for Canadians. Composed of 13 Institutes, CIHR provides leadership and support to thousands of health researchers and trainees across Canada.

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Minister's Message

I am pleased to present the Canadian Institutes of Health Research (CIHR) Report on Plans and Priorities for the fiscal year 2015–16.

As the Government of Canada's health research funding agency, CIHR is investing in research that leads to new discoveries and innovations that are improving the health and well-being of Canadians.

Over the past five years, CIHR has had great success as it implemented its strategic plan, *Health Research Roadmap: Creating innovative research for better health and health care* (Roadmap). Some of the major achievements under Roadmap included the introduction of reforms to the Open Suite of Programs and peer review process, and the launch of signature initiatives, such as Canada's Strategy for Patient-Oriented Research (SPOR) and the International Collaborative Research Strategy for Alzheimer's Disease. These have been transformative changes for CIHR, and for the Canadian health research community at large. But there is more work to do.

Earlier this year, CIHR released its new strategic plan called *Health Research Roadmap II: Capturing innovation to produce better health and health care for Canadians* that continues CIHR's vision to foster excellence and accelerate health innovation in Canada. This refresh of the strategic plan strikes a balance between completing the transformational goals of Roadmap and aligning the organization to meet the challenges of the future.

CIHR will continue moving toward fully implementing its reforms and supporting strategic initiatives. At the same time, CIHR will develop new tools and strategies to deliver innovative solutions to existing and emerging health challenges. This includes, for example, building an entrepreneurial advantage through new partnerships, expanding its international perspective, embracing the data revolution and driving the momentum of eHealth technologies.

I invite you to review this report to learn more about how CIHR's new strategic plan will benefit all Canadians.

The Honourable Rona Ambrose, P.C., M.P.
Minister of Health

Section I: Organizational Expenditure Overview

Organizational Profile

Appropriate Minister: The Honourable Rona Ambrose, P.C., M.P.

Institutional Head: Dr. Alain Beaudet, Deputy Head

Ministerial Portfolio: Health

Enabling Instrument: *Canadian Institutes of Health Research Act* (S.C. 2000, c. 6)[1]

Year of Incorporation / Commencement: 2000

Organizational Context

Raison d'être and Responsibilities

Canadian Institutes of Health Research (CIHR)[2] is the Government of Canada's health research funding agency. The Minister of Health is responsible for this organization. It was created in June 2000 by the *Canadian Institutes of Health Research Act* (Bill C-13) with a mandate "to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system."

CIHR's mandate seeks to transform health research in Canada, in an ethically sound manner, by:

- Funding both investigator-initiated research, as well as research on targeted priority areas;
- Building research capacity in under-developed areas and training the next generation of health researchers; and
- Focusing on knowledge translation that facilitates the application of the results of research and their transformation into new policies, practices, procedures, products and services.

CIHR integrates research through a unique interdisciplinary structure made up of 13 "virtual" institutes.[3] These institutes are not "bricks and mortar" buildings but communities of experts in specific areas. Collectively, the institutes support a broad spectrum of research: biomedical; clinical; health systems and services; and the social, cultural and environmental factors that affect the health of populations. Institutes form national research networks linking researchers, funders and knowledge users across Canada to work on priority areas.

2015–16 CIHR Institutes

Scientific Directors*

Aboriginal Peoples' Health
Dr. Malcolm King

Aging
Dr. Yves Joanette

Cancer Research
Dr. Stephen Robbins

Circulatory and Respiratory Health
Dr. Jean L. Rouleau

Gender and Health
Dr. Cara Tannenbaum

Genetics
Dr. Paul Lasko

Health Services and Policy Research
Dr. Robyn Tamblyn

Human Development, Child and Youth Health
Dr. Shoo K. Lee

Infection and Immunity
Dr. Marc Ouellette

Musculoskeletal Health and Arthritis
Dr. Hani El-Gabalawy

Neurosciences, Mental Health and Addiction
Dr. Anthony Phillips

Nutrition, Metabolism and Diabetes
Dr. Philip M. Sherman

Population and Public Health
Dr. Nancy Edwards

*http://www.cihr-irsc.gc.ca/e/2890.html

As Canada's health research funding agency, CIHR makes an essential contribution to the Minister of Health's overall responsibilities by funding the research and knowledge translation needed to inform the evolution of Canadian health policy and regulation, and by taking an advisory role on research and innovation issues. This is achieved through an extensive and

growing set of linkages with Health Canada and the Public Health Agency of Canada, providing decision makers with access to high-quality and timely health research outcomes/results.

CIHR also works closely with the Natural Sciences and Engineering Research Council (NSERC)[4] and the Social Sciences and Humanities Research Council (SSHRC), [5] the two granting councils of the Industry portfolio, to share information and coordinate efforts, harmonize practices, avoid duplication and foster multidisciplinary research. The three organizations (referred to as "Tri-Agency") provide a channel for the implementation of common policies, practices and approaches, whenever possible.

CIHR's Governing Council (GC)[6] sets the strategic direction of the Agency and is responsible for evaluating its performance. Leadership on research, knowledge translation and funding for research is provided by the Science Council (SC), [7] while leadership on corporate policy and management is provided by the Executive Management Committee (EMC).[8]

Strategic Outcome and Program Alignment Architecture

In October 2013, the President of the Treasury Board approved a new Program Alignment Architecture (PAA) for CIHR that took effect April 1, 2014. The PAA consists of one Strategic Outcome and three Programs (including Internal Services) that support the Strategic Outcome. Furthermore, minor modifications to the descriptions of the Programs and the Sub-Programs were approved in October 2014 and are reflected in this RPP. The new PAA structure and descriptions remain a complete and accurate inventory of CIHR programs.

A new Economic Action Plan 2014 announcement proposes to create the Canada First Research Excellence Fund,[9] which will help Canadian post-secondary research institutions leverage their key strengths into world-leading capabilities that will generate benefits for Canadians. The timing of this report prevents a detailed description of the specific impacts of the Canada First Research Excellence Fund on CIHR's plans and priorities for 2015–16. A detailed discussion and further information will be provided in CIHR's 2015–16 Departmental Performance Report (DPR).

The performance information presented in Section II is organized according to this PAA structure as shown below:

1. **Strategic Outcome:** Canada is a world leader in the creation, dissemination and application of health research knowledge

    1.1 **Program:** Investigator-Initiated Health Research
        1.1.1 **Sub-Program:** Operating Support
        1.1.2 **Sub-Program:** Training and Career Support

    1.2 **Program:** Priority-Driven Health Research
        1.2.1 **Sub-Program:** Institute-Driven Initiatives
        1.2.2 **Sub-Program:** Horizontal Health Research Initiatives

Internal Services

Organizational Priorities

In 2014, CIHR's Governing Council (GC) approved CIHR's third strategic plan (2014-15 – 2018-19), *Health Research Roadmap II: Capturing innovation to produce better health and health care for Canadians*. [10] This strategic plan is the product of widespread consultations with diverse members of Canada's health research enterprise, an assessment of significant and emerging trends in the health research landscape, and on-going deliberations about what CIHR aims to achieve. Roadmap II is designed to strike a balance between achieving the transformational goals of its predecessor, and aligning to the future. It builds on CIHR's vision to capture excellence and accelerate health innovation in Canada via three strategic directions, and is well-aligned with CIHR's Program Alignment Architecture.

Organizational Priorities

Priority #1	Type[1]	Program
Promoting Excellence, Creativity and Breadth in Health Research and Knowledge Translation	Ongoing	1.1 Investigator-Initiated Health Research

Description

Why is this priority?

Investigator-initiated health research plays an important role in feeding the innovation pipeline with the very best ideas, from discovery to application. CIHR is committed to breaking down barriers and creating an environment that will enable the pursuit of innovative ideas and approaches in all areas of health research and knowledge translation, and provide opportunities to train the next generation of researchers and professionals.

What are the plans for meeting this priority?

- Invest in investigator-initiated research to increase the capacity of Canada's research community to advance health and scientific knowledge and apply that knowledge to benefit health care and the health system.
- Prioritize investments in the enhanced support and mentorship of highly skilled researchers at all career stages who will be able to respond to new or existing health challenges in Canada and abroad.
- Through the reforms of Open Programs and peer review,[11] contribute to a sustainable Canadian health research enterprise by supporting world-class researchers in the conduct of research and its translation across the full spectrum of health, and ensure the reliability, consistency, fairness and efficiency of the competition and peer review processes.

1. Type is defined as follows: previously committed to—committed to in the first or second fiscal year prior to the subject year of the report; ongoing—committed to at least three fiscal years prior to the subject year of the report; and new—newly committed to in the reporting year of the RPP or DPR.

Priority #2	Type	Program
Mobilizing Health Research for Transformation and Impact	Ongoing	1.2 Priority-Driven Health Research

Description

Why is this priority?

CIHR has a responsibility to actively build, shape and mobilize Canada's research capacity to address critical health issues and capture emerging scientific opportunities. A targeted approach complements investigator-initiated research by ensuring a portion of CIHR's investments are deliberately directed towards health and health system research priorities. Achieving transformation and impact will also depend on CIHR's ability to maximize on networks as well as tap into the expertise of new health and non-health sector partners who share a common health-oriented goal and embrace the data revolution.

What are the plans for meeting this priority?

- Generate discoveries that promote the rapid and efficient translation of research evidence into effective and affordable health care through the continued development and implementation of signature initiatives[12] and other major initiatives.
- Position Canada's post-secondary institutions to compete with the best in the world for talent, creating long-term economic advantages for Canada.
- Implement new structures and processes designed to improve the effectiveness of partner engagement and increase the impact of research funding, as part of a renewed approach to building partnerships.

Priority #3	Type	Program
Achieving Organizational Excellence	Ongoing	Internal Services

Description

Why is this priority?

CIHR's pledge to achieve organizational excellence is rooted in our firm commitment to continuous improvement. As stewards of public funds, we are committed to ensuring Canadians understand how and why decisions are made, demonstrating the value and impact of our investments, and optimizing the responsible use of resources. Efforts will focus on priority projects to promote equity and fairness, enhance transparency and accountability, ensure responsible governance and stewardship, and build a modern world-class work environment.

What are the plans for meeting this priority?

- Implement CIHR's strategic plan (Roadmap II), which continues CIHR's vision to capture excellence and accelerate health innovation in Canada. It underscores the importance of working with others to enable transformative change, and reflects the synergy between promoting excellence, creativity and breadth in health research.
- Through the Institutes Modernization Initiative, maintain CIHR's unique role and leadership position by enabling the Agency to adapt to the evolution of a more collaborative and interdisciplinary health

research landscape, and by demonstrating increased accountability to the public for how CIHR-supported research directly contributes to improved health and health care outcomes.

- Improve performance measurement, reporting and evaluation practices to generate high quality studies that examine the link between health research and health impacts.
- Apply solutions to CIHR's infrastructure in order to improve client service, increase the quality, efficiency and effectiveness of program delivery systems, and reduce complexity for stakeholders.

Risk Analysis

The health research landscape is constantly evolving, and as the major federal funder of health research in Canada, CIHR is well-positioned to attract, capture, and support innovative ideas with the greatest potential for important advances in knowledge and in research outcomes/results. The Agency is committed to a long-term and sustainable strategy that will generate improvements in human health, health care services and health innovation.

In a highly competitive global environment where innovation and collaboration are critical, CIHR continues to fund and support health research and innovation that will have an impact on Canada and the world. This commitment is captured in CIHR's strategic plan called *Health Research Roadmap II: Capturing innovation to produce better health and health care for Canadians*. The plan strikes a balance between completing the transformational goals of Roadmap (2009), and aligning to the future. It continues CIHR's vision to capture excellence and accelerate health innovation, to maximize the impact of CIHR's investments by expanding partnerships to accelerate the development of innovative thinking and increase the research funding envelope to maximize the impacts of health research in Canada.

CIHR is committed to a disciplined, integrated risk management process in its daily operations. A Corporate Risk Profile (CRP) is updated twice a year and provides a proactive response to manage and monitor risks to ensure CIHR's ability to operationalize processes, achieve outcomes and deliver on its mandate. This year, CIHR has identified 7 risks, of which 3 are considered high risk, requiring mitigation and monitoring. These 3 risks are outlined below; mitigation strategies are included in the CRP.

Key Risks

Risk 1 – External Stakeholder Relationship Management	Risk Response Strategy	Link to Program Alignment Architecture
CIHR is currently enhancing its ability to partner and collaborate, given that CIHR's current approach is ad hoc, and there is a risk that strategic opportunities to engage stakeholders and increase the funding envelope for health research may be missed.	CIHR will develop an inclusive partner and stakeholder engagement strategy (linked to the integrated Change Management plan) which will enhance its ability to provide consistent and pro-active messaging to stakeholders; and to engage them in a thoughtful and timely manner.	1.1 – Investigator-Initiated Health Research, 1.2 – Priority-Driven Health Research and Internal Services

Risk 2 – Change Management	Risk Response Strategy	Link to Program Alignment Architecture
Given recent multiple changes occurring simultaneously at CIHR, there is a risk that desired outcomes will be misunderstood by CIHR's workforce, thus leading to disengagement and limiting the ability to enact the desired transformations.	CIHR will develop an integrated Change Management plan addressing all transformations, in order to enhance the Agency's ability to promote open, transparent and consistent communications to CIHR's workforce. This will also ensure that all of CIHR is well informed of the organizational changes that impact them and have the opportunity to participate in the overall process. CIHR will build on existing Change Management plans to ensure consistency.	1.1 – Investigator-Initiated Health Research, 1.2 – Priority-Driven Health Research and Internal Services

Risk 3 – Priority Setting and Alignment of Resources	Risk Response Strategy	Link to Program Alignment Architecture
Given the current availability of uncommitted resources – both grants and awards and operational funding – there is a risk that CIHR's ability to remain responsive and adaptable within a rapidly changing health research environment will be limited. As a result, CIHR would have reduced operational capacity to effectively invest in new high-impact priority health research.	CIHR has launched its strategic plan called Health Research Roadmap II; this plan provides a framework for operational and strategic planning, priority setting and decision making. Additionally, a financial framework is under development that will accompany Roadmap II. This framework will ensure that the implementation of CIHR's planning and priority setting exercise is comprehensive and enhances transparency, sustainability and flexibility.	1.1 – Investigator-Initiated Health Research, 1.2 – Priority-Driven Health Research and Internal Services

Planned Expenditures

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
$1,008,584,000	$1,009,984,000	$1,006,951,172	$999,483,196

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
422	418	418

Budgetary Planning Summary for Strategic Outcome and Programs (dollars)

Strategic Outcomes, Programs and Internal Services	2012–13 Expenditures	2013–14 Expenditures	2014–15 Forecast Spending	2015–16 Main Estimates	2015–16 Planned Spending*	2016–17 Planned Spending	2017–18 Planned Spending
Strategic Outcome 1: Canada is a world leader in the creation, dissemination and application of health research knowledge							
Investigator-Initiated Health Research	$701,971,998	$699,888,924	$708,596,444	$702,437,354	$703,091,433	$709,009,132	$712,842,450
Priority-Driven Health Research	$291,903,980	$295,159,328	$306,216,239	$294,098,402	$294,561,829	$285,625,753	$274,324,459
Strategic Outcome 1 Subtotal	**$993,875,978**	**$995,048,252**	**$1,014,812,683**	**$996,535,756**	**$997,653,262**	**$994,634,885**	**$987,166,909**
Internal Services Subtotal	**$3,176,764**	**$2,923,736**	**$3,293,370**	**$12,048,244**	**$12,330,738**	**$12,316,287**	**$12,316,287**
Total	**$997,052,742**	**$997,971,988**	**$1,018,106,053**	**$1,008,584,000**	**$1,009,984,000**	**$1,006,951,172**	**$999,483,196**

* Planned spending in 2015–16 differs from the amounts presented in the Main Estimates due to the forecasted eligible pay list expenditures reimbursements.

CIHR's forecast spending for 2014–15 is $1,018.1 million with planned spending going from $1,010.0 million in 2015–16 to $999.5 million by 2017–18. Please note that the variance in Internal Services spending between 2014–15 and all other fiscal years reflects CIHR's revised methodology to allocate its Internal Services to programs as per the Treasury Board Secretariat *Guide on Expenditures Internal Services: Recording, Reporting and Attributing*, effective April 1, 2015. The implementation of the revised methodology results in administrative resources previously aligned to CIHR's programs being reallocated to Internal Services.

The variance in CIHR's planned spending is anticipated to be temporary and spending is expected to increase as a result of additional funding allocated for Tri-Agency programs and partnership activities.

CIHR collaborates with NSERC and SSHRC in a series of Tri-Agency programs, such as the Centres of Excellence for Commercialization and Research (CECR), the Canada Excellence Research Chairs (CERC) and the Business-Led Networks of Centres of Excellence. Funding allocated to each of the three agencies for these programs can vary between competitions depending on the recipients' alignment with the research mandate and priorities of each agency. Accordingly, funding allocations are confirmed and included in planned spending once the results of each competition are available. As such, CIHR's planned spending may increase as a result of successful health-oriented projects in the competitions.

CIHR also collaborates on partnership activities with other federal departments, and as a result, funding may be transferred to CIHR to address a common theme or research priority. As

partnership activities are confirmed in the upcoming fiscal years, it is anticipated that CIHR's planned spending will increase.

Alignment of Spending With the Whole-of-Government Framework

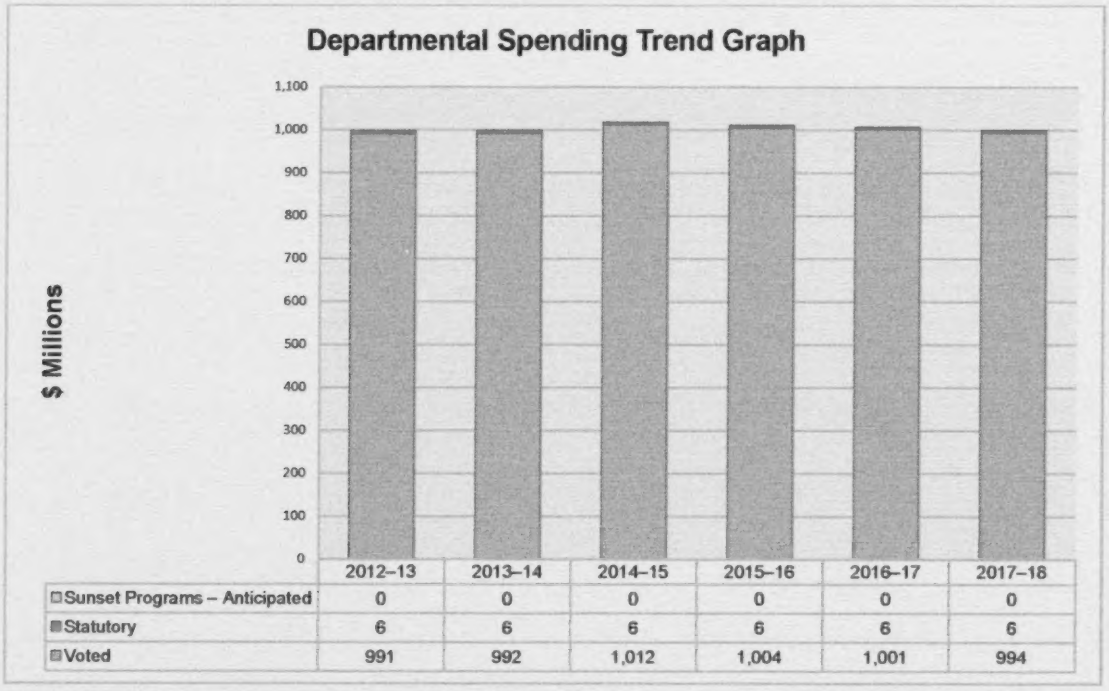
Alignment of 2015–16 Planned Spending With the Whole-of-Government Framework[13] (dollars)

Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2015–16 Planned Spending
1 Canada is a world leader in the creation, dissemination and application of health research knowledge	1.1 Investigator-Initiated Health Research	Social Affairs	Healthy Canadians	$703,091,433
	1.2 Priority-Driven Health Research	Social Affairs	Healthy Canadians	$294,561,829

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending
Economic affairs	0
Social affairs	$997,653,262
International affairs	0
Government affairs	0

Departmental Spending Trend



	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18
Sunset Programs – Anticipated	0	0	0	0	0	0
Statutory	6	6	6	6	6	6
Voted	991	992	1,012	1,004	1,001	994

For the graph above, minor variances are due to rounding and figures may not reconcile with other published information.

CIHR's actual and forecast spending is stable at approximately $1 billion, with planned spending anticipated to remain stable for the foreseeable future.

Budget 2013 allocated a permanent $15 million increase to CIHR in support of the Strategy for Patient-Oriented Research (SPOR) which offset CIHR's $15 million in cost savings from administrative efficiencies implemented in 2013–14.

As part of Budget 2014, CIHR was allocated an additional and permanent $15 million for the expansion of SPOR, the creation of the Canadian Consortium on Neurodegeneration in Aging (CCNA) and to support other health research priorities. The Agency was also allocated $1 million per year for five years, beginning in 2014–15, to address Prescription Drug Abuse (PDA) under the federal government's National Anti-Drug Strategy.

The variance between 2014–15 and 2015–16 is partly related to funding allocated to CIHR for the Tri-Agency Centres of Excellence for Commercialization and Research (CECR) program. In 2014–15, a total of $12.1 million was allocated, whereas planned spending for 2015–16 stands at $10.8 million. It is anticipated that additional funding will be allocated to the Agency as a result of the upcoming CECR competition. A total of $2.4 million from other departments for partnership activities also ended in 2014–15. However, planned spending is anticipated to increase as funding stemming from new and/or renewed partnerships is finalized. Lastly, CIHR's

2014–15 forecast spending includes an operating budget carry-forward of $2.3 million from 2013–14.

The variance between 2015–16 and 2016–17 is due to $2.8 million from a previous CECR competition re-profiled to end in 2015–16.

The variance between 2016–17 and 2017–18 is mostly the result of $3.6 million from partnership activities with other departments ending in 2016–17. Another $3.3 million is from the sunsetting of the inaugural CERC competition which sees funding decrease from $9.8 million in 2016–17 to $6.5 million in 2017–18.

Lastly, the overall variance in planned spending between 2014–15 and 2017–18 is expected to be mostly temporary. It is anticipated that funding will be allocated to CIHR for Tri-Agency programs once the results of future competitions are finalized, and that new and/or renewal of existing partnership activities materialize, therefore increasing CIHR's planned spending.

Estimates by Vote

For information on Canadian Institutes of Health Research's organizational appropriations, consult the *2015–16 Main Estimates* on the Treasury Board of Canada Secretariat website.[14]

Section II: Analysis of Programs by Strategic Outcome

Strategic Outcome: Canada is a world leader in the creation, dissemination and application of health research knowledge

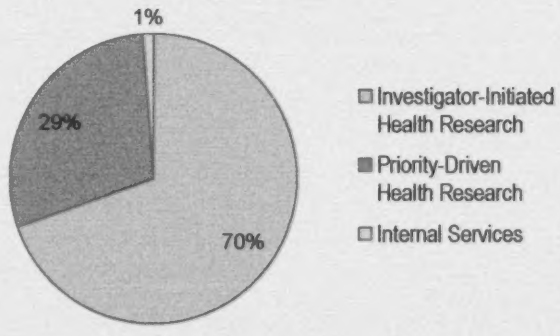
CIHR is the Government of Canada's health research investment agency. CIHR supports more than 13,000 health researchers and trainees. CIHR's investments in education, health research and innovation are important drivers of Canada's knowledge economy, and are helping improve long-term health outcomes. By supporting research excellence, CIHR is not only enhancing Canada's competitiveness at the international level, it is also facilitating the translation of research knowledge into better care and a stronger health care system for Canadians.

In 2014–15, CIHR published a refreshed five-year strategic plan, the *Health Research Roadmap II: Capturing innovation to produce better health and health care for Canadians*, that builds on the work initiated five years ago as part of the 2009–14 strategic plan. The new CIHR strategic plan strikes a balance between completing the transformation envisioned and initiating new priorities, and is fully aligned to the Program Alignment Architecture.

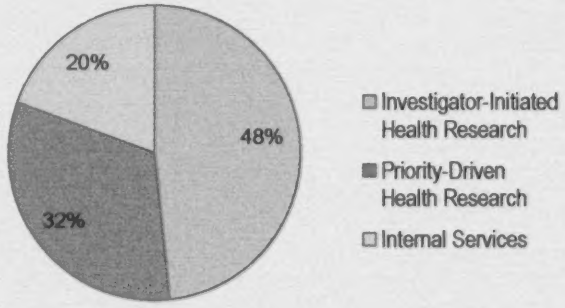
Specifically, CIHR supports research through the following programs:

- Investigator-Initiated Health Research
- Priority-Driven Health Research
- Internal Services

Distribution of 2015-16 Planned Spending by Program



Distribution of 2015-16 Planned FTEs by Program



Program 1.1: Investigator-Initiated Health Research

Description:

To develop and support a well-trained base of world-class health researchers and trainees conducting ethically sound research across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and to apply this knowledge in order to improve health systems and/or health outcomes. Grants and awards are disbursed to fund research or to provide career or training support. The specific area of research is identified by the researcher.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
$702,437,354	$703,091,433	$709,009,132	$712,842,450

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
204	202	202

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canada has an internationally competitive health research community	Canada's health research specialization index ranking versus international levels (G7 nations)	3rd among G7	March 31, 2016
CIHR-funded research has improved the health of Canadians	Percent of CIHR grants reporting contribution to improved health for Canadians	30%	March 31, 2016
Canadian health researchers advance health research knowledge	Canada's ranking among G7 in health research publications per million dollars of gross domestic expenditure on research and development (GERD)	2nd among G7	March 31, 2016

Planning Highlights

In 2015–16, CIHR will continue to implement the reforms of the Open Suite of Programs (including its peer review process), in an effort to integrate CIHR's current suite of open funding mechanisms to create a simpler system that is flexible enough to accommodate today's changing health research landscape.[15]

CIHR will also invest in a broad mix of researchers and trainees in Canada and abroad, from a variety of disciplines, by providing support to master's, doctoral and postdoctoral/post health professional students as well as a variety of career awards.

CIHR will work with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC) on the Tri-Agency training awards programs to harmonize procedures across funding opportunities and enhance post-award administration policies.

Overall, the Agency will provide funds to support close to 6,100 grants and awards including approximately 1,500 new grants and awards through its Investigator-Initiated Health Research Program. These funds will help create an environment that will support world-class researchers in their pursuit of innovative ideas and approaches, capture results and provide opportunities to train the next generation of researchers and professionals.

Sub-Program 1.1.1: Operating Support

Description:

Provides grant funding to researchers to conduct ethically sound research in any area related to health aimed at the discovery and application of knowledge. Investigators identify and propose the nature and scope of the research and compete for support by demonstrating the potential impact the research will have with respect to improving health systems and/or health outcomes. Funds disbursed through the Grants for Research Projects and Personnel Support transfer payment program for funding the operational support of research from open competitions. Examples of funding use are, but not exclusive to: the cost of the research project; consultation fees and/or; fees paid to research participants, etc.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
$532,804,080	$539,744,965	$547,001,616

Human Resources (FTEs)

2015–16	2016–17	2017–18
188	187	187

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
CIHR funded health research advances health research knowledge	Percent of CIHR operating support grants reporting creation of new health knowledge	90%	March 31, 2016
CIHR funded health research results in knowledge translation	Percent of CIHR operating support grants reporting translation of knowledge	60%	March 31, 2016
CIHR-funded health research findings contribute to health care system improvements	Percent of CIHR operating support grants reporting contributions to strengthening the Canadian health care system	25%	March 31, 2016

Planning Highlights

In 2015–16, as part of the implementation of the reforms of the Open Suite of Programs and peer review process:

- The first pilot of the Project Scheme[16] will be launched and sunset plans will be finalized for current existing open programs that will be transitioned into the new Project Scheme;[17]
- Work will also continue on the implementation of the new College of Reviewers,[18] including the development of policies, processes and supporting systems;
- The first live pilot of the Foundation Scheme[19] competition will fund between 120 and 250 new grants, and the final Open Operating Grant competition will fund between 450 and 600 new grants to support the highest quality applications; and
- The Open Knowledge Translation and commercialization programs will re-launch in 2015–16; three of these programs (Knowledge Synthesis, Knowledge to Action and Partnerships for Health System Improvement) will continue to pilot aspects of the new program design and peer review processes. As well, sunset and transition plans for these programs will be developed and implemented.

Overall, CIHR will continue to fund approximately 3,800 grants in total through its Operating Support Sub-Program to support research excellence in all areas of health research.

Sub-Program 1.1.2: Training and Career Support

Description:

Provides award funding to promising researchers and trainees to support training (master's, PhD, postdoctoral fellow) or career advancement (chairs, salary awards) in order to continue to build and maintain Canada's health research capacity across all aspects of health research. Funds are disbursed through the following transfer payment programs: Grants for Research Projects and Personnel Support; the Canada Graduate Scholarships; the Vanier Canada Graduate Scholarships; the Canada Excellence Research Chairs; the Industrial Research Chairs for Colleges; and the College and Community Innovation Program. Banting Postdoctoral Fellowships and Canada Research Chairs are also disbursed through the transfer payment programs mentioned. Funds can be used to cover such expenses as research equipment, materials and research supplies or travel to scientific meetings.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
$170,287,353	$169,264,167	$165,840,834

Human Resources (FTEs)

2015–16	2016–17	2017–18
16	15	15

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Investing in health researchers builds Canada's health research capacity	Canada's ranking among G7 nations for health researchers per thousand workforce	3rd among G7	March 31, 2016
Health researchers receive training and career support through CIHR funding	Total number of researchers supported through salary and training awards by CIHR	2,200 researchers supported through new and ongoing awards	March 31, 2016

Planning Highlights

In the coming year, through Tri-Agency programs, CIHR will fund approximately 530 new Canada Graduate Scholarships at the masters and doctoral levels, 55 new Vanier Canada Graduate Scholarships[20] and 23 new Banting Postdoctoral Fellowships.[21] CIHR will also fund

approximately 170 postdoctoral/post health professional students through the Training and Career Support Sub-Program.

Building on the recent efforts to harmonize the Canada Graduate Scholarships Masters programs,[22] CIHR will continue to work with NSERC and SSHRC to improve the administration and delivery of the Canada Graduate Scholarships. Upcoming efforts will focus specifically on the delivery model for the doctoral awards.

In addition, CIHR will support close to 575 researchers through the Canada Research Chairs program[23] which provides support to new and established investigators, as well as the Canada Excellence Research Chairs program,[24] which is intended to attract world-class researchers to support world-leading research in Canada.

Overall, CIHR will fund approximately 2,300 awards in total through its Training and Career Support Sub-Program in order to continue to build and maintain Canada's health research capacity across the entire spectrum of health research.

Program 1.2: Priority-Driven Health Research

Description:

CIHR provides funding to researchers for ethically sound emergent and targeted research that responds to the changing health needs and priorities of Canadians across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and its application, in specific areas of research identified by CIHR in consultation with other government departments, partners and stakeholders, in order to improve health systems and/or improve health outcomes in these priority areas. Grants are disbursed to fund research or to provide career or training support.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending*	2016–17 Planned Spending	2017–18 Planned Spending
$294,098,402	$294,561,829	$285,625,753	$274,324,459

* Minor variances are due to rounding and figures may not reconcile with other published information.

Human Resources (FTEs)

2015–16	2016–17	2017–18
136	135	135

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
CIHR-funded research contributes to a stronger health care system	Percent of CIHR grants reporting contributions to strengthening the Canadian health care system	30%	March 31, 2016
CIHR-funded research advances knowledge in emergent and specific health priorities	Percent of priority-driven grants reporting creation of new health knowledge	85%	March 31, 2016
CIHR-funded research in emergent and specific health priorities results in knowledge translation	Percent of priority-driven grants reporting knowledge translation	70%	March 31, 2016

Planning Highlights

In the coming year, CIHR will continue to address complex problems and create transformative and measurable impact through the support of existing/emerging signature and other major initiatives. Specifically, two new initiatives will be launched:

- The eHealth Innovations Partnership Program,[25] designed to develop, integrate, and evaluate eHealth technologies that will improve the cost-effectiveness of patient and population-centred health care; and
- The Work and Health Initiative,[26] to bring innovative, evidence-based solutions to workplace health challenges to improve the health, wellness and productivity of Canada's diverse workforce. This initiative will bring together key partners and stakeholders in a collaborative venture to maximize impact.

In collaboration with SSHRC, CIHR will complete an Initiative Review of the Canadian Research Data Centre Network[27] and determine plans for future funding in the area of microdata access.

The Canada First Research Excellence Fund (CFREF), a new federal investment, was recently launched. CFREF will be administered by SSHRC on behalf of the Tri-Agency. The Fund will be competitively allocated, based on peer review, with funding allocated to CIHR following each competition should any awards align with CIHR's health research mandate.

Overall, CIHR will fund close to 2,600 grants and awards including 1,500 new grants and awards through its Priority-Driven Health Research Program. This investment will support research on health and health system priorities and capture emerging national and international scientific opportunities.

Sub-Program 1.2.1: Institute-Driven Initiatives

Description:

Provides targeted grant and award funding to mobilize researchers, health practitioners and decision makers to work together to address priority health challenges in an ethical manner. These priority areas are identified by CIHR in consultation with partners and stakeholders. Researchers compete for funding by demonstrating the potential impact the research will have with respect to addressing priority areas. Funds may be used to cover such expenses as stipends and salaries. Funds are disbursed through the Grants for Research Projects and Personnel Support transfer payment program for funding research from targeted competitions while the Institute Support Grant transfer payment program is used to operationalize CIHR's virtual model.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
$219,630,657	$214,459,888	$206,664,404

Human Resources (FTEs)

2015–16	2016–17	2017–18
117	116	116

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Partners invest in institute-driven research	Ratio of leveraged funds for institute-driven initiatives	$1 : $0.30	March 31, 2016
Stakeholders collaborate on institute-driven research	Percent of institute-driven grants reporting stakeholder involvement in the research process	85%	March 31, 2016

Planning Highlights

In 2015–16, CIHR will engage in key national and international strategic partnerships and consortia in order to advance shared priorities and tackle complex, pressing health and health research challenges, both domestically and around the world. Key activities include:

- Maintaining its support for the Canadian Consortium on Neurodegeneration in Aging (CCNA), [28] the Canadian component of CIHR's International Collaborative Research

Strategy for Alzheimer's Disease.[29] As part of the consortium's governance, CIHR is forming and will maintain an oversight committee in collaboration with other funding partners to monitor progress of the CCNA, to ensure that the consortium meets its objectives;

- Developing and launching two Strategy for Patient-Oriented Research (SPOR)[30] initiatives to increase capacity for patient engagement across Canada. Furthermore, CIHR will also create a patient and citizen participant pool to ensure that resources are available and ready to engage patients on a number of CIHR-related initiatives;
- Funding at least four SPOR Networks in Chronic Disease[31] through a multi-phase application process. The objective of these networks is to translate existing and new knowledge into testing of innovations that can improve clinical science and practice, ultimately leading to transformative and measureable improvements in patient health outcomes;[32]
- Working through CIHR's Global Health Initiatives[33] to tackle complex global health challenges as part of the Global Alliance for Chronic Diseases (GACD),[34] with lung diseases being a key priority for 2015–16. The results of the two new calls for proposals related to the re-launch of the Global Health Research Initiative (GHRI)[35] will be released in 2015–16;
- Engaging community partners, foundations and other organizations active in Aboriginal wellness to leverage shared expertise and resources through the implementation of the Pathways to Health Equity for Aboriginal Peoples signature initiative;[36] and
- Launching a national mentorships program for Aboriginal researchers.

Overall, CIHR will fund close to 2,200 grants and awards including 1,300 new grants and awards through its Institute-Driven Initiatives Sub-Program. This Sub-Program investment will carry on its support in funding research from targeted research areas to address critical health issues that are important to Canadians and to stakeholders abroad, in order to maximize health, social and economic impacts.

Sub-Program 1.2.2: Horizontal Health Research Initiatives

Description:

Provides targeted funding for the advancement and application of health research knowledge to address, in an ethical manner, priority health challenges identified by CIHR in collaboration with other federal departments or agencies, other national governments, non-governmental organizations, or private sector organizations. Funds may be used to cover research project expenditures as well as salaries or consultation fees. Targeted health challenges currently include: HIV/AIDS Initiative; National Anti-Drug Strategy (NADS); Drug Safety and Effectiveness Network (DSEN); Hepatitis C; and the Networks of Centres of Excellence. Funds are disbursed through the following transfer payment programs: Grants for Research Projects and Personnel Support; the Networks of Centres of Excellence; the Business-Led Networks of Centres of Excellence; and the Centres of Excellence for Commercialization and Research.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
$74,931,173	$71,165,865	$67,660,055

Human Resources (FTEs)

2015–16	2016–17	2017–18
19	19	19

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Government and external stakeholders invest in horizontal health research initiatives	Ratio of leveraged funds for horizontal health research initiatives	$1 : $0.60	March 31, 2016
Horizontal initiative research results in knowledge translation	Percent of horizontal initiative grants reporting translation of knowledge	85%	March 31, 2016
CIHR-funded research findings contribute to more effective health services and products	Percent of CIHR grants reporting contributions to more effective health services and products	50%	March 31, 2016

Planning Highlights

CIHR will deliver on its commitments related to the Federal Initiative to Address HIV/AIDS in Canada and the Canadian HIV Vaccine Initiative[37] through the HIV/AIDS Research Initiative.[38] In 2015–16, the HIV/AIDS Research Initiative will focus on the implementation of its new strategic plan for 2015–20 and will also further enhance collaboration with federal partners through the implementation of a strategic plan for the Federal Initiative to Address HIV/AIDS in Canada. The Initiative will develop new funding opportunities to foster innovative and collaborative HIV research and will continue to focus on evidence-based interventions and their implementation.

The Drug Safety and Effectiveness Network (DSEN)[39] will be active in meeting the program partners' plans to address the recommendations of the evaluation of DSEN. CIHR will be working to further streamline and refine processes to respond to a future growth in demand for DSEN research and improve delivery to those parties posing queries[40] to DSEN. CIHR will

focus on expanding the impact of DSEN-funded research through communications to other stakeholders (e.g. prescribers, patients, policy advocates) who will benefit from improved knowledge translation with respect to drug products of interest.

The Networks of Centres of Excellence (NCE)[41] program is delivered collaboratively by the Tri-Agency through the NCE Secretariat. This program fosters partnerships among universities, industry, government and not-for-profit organizations. CIHR will continue to support the world-class network and centres, which are connecting leading-edge research with industry partners and strategic investment to turn Canadian research and entrepreneurial talent into economic and social benefits for Canada. In 2015–16, CIHR will increase its NCE funding support by making new investments in NCEs. For example it will provide support for the Knowledge Mobilization Networks[42] and will renew its investment in the Centres of Excellence for Commercialization and Research (CECR)[43] program.

Overall, CIHR will fund close to 400 grants and awards including 200 new grants and awards through its Horizontal Health Research Initiatives Sub-Program. This Sub-Program investment will continue to focus on priority health challenges identified by CIHR in collaboration with other federal departments or agencies and other national governments.

Internal Services (iv)

Description:

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
$12,048,244	$12,330,738	$12,316,287	$12,316,287

Human Resources (FTEs)*

2015–16	2016–17	2017–18
82	81	81

(iv) Please note that the variance in Internal Services spending and resources outlined in previous reports reflects CIHR's revised methodology to allocate its Internal Services to programs as per the Treasury Board Secretariat *Guide on Expenditures Internal Services: Recording: Reporting and Attributing*, effective April 1, 2015. The implementation of the revised methodology results in administrative resources previously aligned to CIHR's programs being reallocated to Internal Services.

Planning Highlights

In the summer of 2014, CIHR's Governing Council (GC) completed a review of the Institutes model, as mandated in the *Canadian Institutes of Health Research Act* and as recommended by the 2011 International Review Panel. This review assessed the structure, role, policies, financial framework as well as the slate of Institutes. This review led to a set of decisions aimed at modernizing the Institutes model which CIHR will be implementing in 2015–16.[44]

CIHR will continue to implement its Performance Measurement Regime (PMR), which will ensure that a consistent approach is applied in performance measurement reporting for CIHR programs and initiatives. This will provide meaningful information to management in order to monitor activities and make informed decisions based on our progress towards achieving programs/initiatives outputs and outcomes.

CIHR has initiated an enterprise architecture project to introduce a business, information, application and technology architecture framework that allows a more efficient and effective response to the needs of the changing business requirements. In 2015–16, CIHR will document its enterprise architecture for selected internal services to facilitate strategic decision making by providing a view of CIHR's overall business, information, application and technology architectures and how they relate to one another.

Through innovative systems and technology-based solutions, CIHR will be enhancing existing reporting mechanisms and implementing new reporting tools to respond to diverse business needs and provide more robust capacity to meet CIHR's reporting and analysis requirements.

In parallel to the operationalization of the Open Suite of Programs and peer review, CIHR will continue to develop technology to support the implementation of the reforms. This includes support for remote adjudication of applications and new technology to facilitate the matching of reviewer expertise to applications.

CIHR will implement the Human Resources Management Strategy 2014–18 to strengthen CIHR's workplace and support a culture of high performance. In addition, this strategy examines current practices and approaches for succession planning and career development. It also ensures overall alignment with the talent and creativity in many areas of human resources.

Section III: Supplementary Information

Future-Oriented Statement of Operations

The future-oriented condensed statement of operations provides a general overview of the Canadian Institutes of Health Research's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the future-oriented condensed statement of operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Report on Plans and Priorities are prepared on an expenditure basis, amounts differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, can be found on the Canadian Institutes of Health Research's website.[45]

Future-Oriented Condensed Statement of Operations
For the Year Ended March 31
(dollars)

Financial Information	2014–15 Estimated Results	2015–16 Planned Results	Difference
Total expenses	$ 1,030,393,000	$ 1,025,314,000	($ 5,079,000)
Total revenues	$ 11,400,000	$ 12,600,000	$ 1,200,000
Net cost of operations	$ 1,018,993,000	$ 1,012,714,000	($ 6,279,000)

The anticipated $5.1 million difference in 2015–16 total spending is in response to an estimated $6.8 million adjustment in 2015–16 Parliamentary authorities. Total revenues[2] are expected to increase from $11.4 million in 2014–15 to approximately $12.6 million in 2015–16 as additional funds received from partnering organizations are disbursed to successful researchers following the announcement of competition results. Accordingly, the 2015–16 net cost of operations reflects an anticipated total difference of $6.3 million.

[2] Funds received from external parties for specified purposes (e.g. to fund health research) are recorded upon receipt as deferred revenues. Revenues are recognized in the period in which the related expenses are incurred.

Supplementary Information Tables

The supplementary information tables listed in the *2015–16 Report on Plans and Priorities* can be found on the Canadian Institutes of Health Research's website.[46]

- Departmental Sustainable Development Strategy;
- Details on Transfer Payment Programs of $5 Million or More;
- Disclosure of Transfer Payment Programs Under $5 Million; and
- Upcoming Internal Audits and Evaluations Over the Next Three Fiscal Years.

Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures annually in the *Tax Expenditures and Evaluations*[47] publication. The tax measures presented in the ***Tax Expenditures and Evaluations*** publication are the responsibility of the Minister of Finance.

Section IV: Organizational Contact Information

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Appendix: Definitions

appropriation: Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures: Include operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

full-time equivalent: Is a measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes: A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures: Include net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance: What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve and how well lessons learned have been identified.

performance indicator: A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting: The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

plans: The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program: A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture: A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

results: An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

Strategic Outcome: A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program: A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

target: A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

whole-of-government framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

[1] *Canadian Institutes of Health Research Act*, http://laws-lois.justice.gc.ca/eng/acts/C-18.1/FullText.html

[2] Canadian Institutes of Health Research, http://www.cihr-irsc.gc.ca/

[3] 13 "virtual" institutes, http://www.cihr-irsc.gc.ca/e/9466.html

[4] Natural Sciences and Engineering Research Council, http://www.nserc-crsng.gc.ca/

[5] Social Sciences and Humanities Research Council, http://www.sshrc-crsh.gc.ca/default.htm

[6] Governing Council, http://www.cihr-irsc.gc.ca/e/38103.html

[7] Science Council, http://www.cihr-irsc.gc.ca/e/33807.html

[8] Executive Management Committee, http://www.cihr-irsc.gc.ca/e/25920.html

[9] Canada First Research Excellence Fund, http://actionplan.gc.ca/en/initiative/canada-first-research-excellence-fund

[10] *Health Research Roadmap II: Capturing innovation to produce better health and health care for Canadians*, http://www.cihr-irsc.gc.ca/e/48964.html

[11] Reforms of Open Programs and peer review, http://www.cihr-irsc.gc.ca/e/44761.html

[12] Signature initiatives, http://www.cihr-irsc.gc.ca/e/43567.html

[13] Whole-of-government framework, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx

[14] *2015–16 Main Estimates*, http://publiservice.tbs-sct.gc.ca/ems-sgd/esp-pbc/me-bpd-eng.asp

[15] Designing for the Future: The New Open Suite of Programs and Peer Review Process, http://www.cihr-irsc.gc.ca/e/46099.html

[16] Pilot of the Project Scheme, http://www.cihr-irsc.gc.ca/e/47381.html

[17] Project Scheme, http://www.cihr-irsc.gc.ca/e/47379.html

[18] College of Reviewers, http://www.cihr-irsc.gc.ca/e/47382.html

[19] Pilot of the Foundation Scheme, http://www.cihr-irsc.gc.ca/e/47618.html

[20] Vanier Canada Graduate Scholarships, http://www.vanier.gc.ca/eng/home-accueil.html

[21] Banting Postdoctoral Fellowships, http://banting.fellowships-bourses.gc.ca/home-accueil-eng.html

[22] Canada Graduate Scholarships Masters programs, http://www.nserc-crsng.gc.ca/Students-Etudiants/CGSHarmonization-HarmonizationBESC_eng.asp

[23] Canada Research Chairs, http://www.chairs-chaires.gc.ca/home-accueil-eng.aspx

[24] Canada Excellence Research Chairs program, http://www.cerc.gc.ca/home-accueil-eng.aspx

[25] eHealth Innovations, http://www.cihr-irsc.gc.ca/e/47342.html

[26] Work and Health Initiative, http://www.cihr-irsc.gc.ca/e/47706.html

[27] Canadian Research Data Centre Network, http://www.rdc-cdr.ca/about-crdcn

[28] Canadian Consortium on Neurodegeneration in Aging, http://www.cihr-irsc.gc.ca/e/46572.html

[29] International Collaborative Research Strategy for Alzheimer's Disease, http://www.cihr-irsc.gc.ca/e/43629.html

[30] Strategy for Patient-Oriented Research, http://www.cihr-irsc.gc.ca/e/41204.html

[31] SPOR Networks in Chronic Disease, http://www.cihr-irsc.gc.ca/e/45854.html

[32] Valley 1, http://www.cihr-irsc.gc.ca/e/44000.html

[33] CIHR's Global Health Initiatives, http://www.cihr-irsc.gc.ca/e/46355.html

[34] **Global Alliance for Chronic Diseases,** http://www.gacd.org/

[35] **Global Health Research Initiative,** http://www.idrc.ca/EN/Programs/Global_Health_Policy/Global_Health_Research_Initiative/Pages/default.aspx

[36] **Pathways to Health Equity for Aboriginal Peoples signature initiative,** http://www.cihr-irsc.gc.ca/e/43630.html

[37] **Canadian HIV Vaccine Initiative,** http://www.cihr-irsc.gc.ca/e/42458.html

[38] **HIV/AIDS Research Initiative,** http://www.cihr-irsc.gc.ca/e/25832.html

[39] **Drug Safety and Effectiveness Network,** http://www.cihr-irsc.gc.ca/e/40269.html

[40] **Queries,** http://www.cihr-irsc.gc.ca/e/45814.html

[41] **Networks of Centres of Excellence,** http://www.nce-rce.gc.ca/index_eng.asp

[42] **Knowledge-Mobilization Networks,** http://www.nce-rce.gc.ca/Programs-Programmes/NCEKM-RCEMC/Index_eng.asp

[43] **Centres of Excellence for Commercialization and Research,** http://www.nce-rce.gc.ca/Programs-Programmes/CECR-CECR/Index_eng.asp

[44] **Institutes Model Review,** http://www.cihr-irsc.gc.ca/e/48534.html

[45] **Future-Oriented Financial Statements 2015–16,** http://www.cihr-irsc.gc.ca/e/48994.html

[46] **Canadian Institutes of Health Research's website,** http://www.cihr-irsc.gc.ca/e/48972.html

[47] ***Tax Expenditures and Evaluations* publication,** http://www.fin.gc.ca/purl/taxexp-eng.asp